Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

| CLAIMS AS FILED - PART I (Column 1)  |  |   |                 |                      |                                      | (Column 2)       |       | SMALL ENTITY TYPE                       |                        | OR       | OTHER THAN<br>R SMALL ENTITY |                        |
|--|--|---|-----------------|----------------------|--------------------------------------|------------------|-------|---|------------------------|----------|------------------------------|------------------------|
| TOTAL CLAIMS   |  |   | 14              |                      |                                      |                  | ſ     | RATE                                    | FEE                    |          | RATE                         | FEE                    |
| FOR  |  |   | NUMBER FILED    |                      | NUMBER EXTRA                         |                  |       | BASIC FEE                               | 370.00                 | OR       | BASIC FEE                    | 740.00                 |
| TO   | TAL CHARGEA                                    | BLE CLAIMS  | / minus 20=     |                      | * Ø                                  |                  |       | X\$ 9=                                  |                        | OR       | X\$18=                       |                        |
| IND  | EPENDENT CL                                    | AIMS  | minus 3 =       |                      | * 6                                  |                  | Ī     | X42=                                    |                        | OR       | X84=                         |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT   |  |   |                 |                      | <i></i>                              |                  | Ī     | +140=                                   |                        | OR       | +280=                        |                        |
| * If the difference in column 1 is less than zero, enter                               |  |   |                 |                      | r "0" in c                           | olumn 2          | L     | TOTAL                                   |                        | OR       | TOTAL                        | 740                    |
| CLAIMS AS AMENDED - PAR<br>(Column 1) (Colum   |  |   |                 |                      | RT II                                | (Column_3)_      |       | SMALL E                                 | NTITY                  | OR       | OTHER<br>SMALL I             |                        |
| NTA  |  | CLAIMS REMAINING AFTER AMENDMENT                          |                 | HIGH<br>NUM<br>PREVI | HEST<br>MBER<br>OUSLY<br>OFOR        | PRESENT<br>EXTRA |       | RATE                                    | ADDI-<br>TIONAL<br>FEE |          | RATE                         | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT  | Total  | *   | Minus           | **                   |                                      | =                |       | X\$ 9=                                  |                        | OR       | X\$18=                       |                        |
| MEN  | Independent                                    | *   | Minus           | ***                  |                                      | =                |       | X42=                                    |                        | OR       | X84=                         |                        |
|  | FIRST PRESE                                    | NTATION OF M  | IULTIPLE DEF    | PENDEN               | IT CLAIM                             |                  |       | +140=                                   |                        | OR       | +280=                        |                        |
|  |  |   |                 |                      |                                      |                  |       | TOTAL<br>ADDIT. FEE                     |                        | OR       | TOTAL<br>ADDIT. FEE          |                        |
|  |  | (Column 1)  |                 | (Coli                | umr:_2)                              | (Column 3)       |       | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                        | _        |                              |                        |
| AMENDMENT B  | #** · · · · · · · · · · · · · · · · · ·        | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                 |                 | NU<br>PRE\           | MBER<br>/IOUSLY<br>D FOR             | PRESENT<br>EXTRA |       | RATE                                    | ADDI-<br>TIONAL<br>FEE |          | RATE                         | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus           | **                   |                                      | =                |       | X\$ 9=                                  |                        | OR       | X\$18=                       |                        |
|  | Independent                                    | *   | Minus           | ***                  |                                      | =                |       | X42=                                    |                        | OR       | X84=                         |                        |
|  | FIRST PRES                                     | MULTIPLE DEPENDEN   |                 | NT CLAIN             | <u>и Ц</u>                           |                  | +140= |   | OR                     | +280=    |                              |                        |
|  |  |   |                 |                      |                                      |                  |       | TOTAL<br>ADDIT. FEE                     |                        | OR       | TOTA<br>ADDIT. FE            | .C                     |
|  |  | (Column 3   | _               | ADDIT: 1 LE          |                                      |                  |       |   |                        |          |                              |                        |
| D LN   |  | (Column 1) CLAIMS REMAINING AFTER AMENDMEN                |                 | HI<br>NI<br>PRE      | IUMN 2) GHEST UMBER EVIOUSLY AID FOR | PRESENT<br>EXTRA |       | RATE                                    | ADDI-<br>TIONAL<br>FEE |          | RATE                         | ADDI-<br>TIONAL<br>FEE |
| NA F   | Total  | *   | Minus           | **                   |                                      | =                |       | X\$ 9=                                  |                        | OF       | X\$18=                       | :                      |
| TMENDMENT  | Independent                                    |   | Minus           | ***                  |                                      |                  | 4     | X42=                                    | 1                      | OF       | X84=                         |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                 |                      |                                      |                  |       | +140=                                   |                        | OF       | 222                          | :                      |
| * If the cottox in column 1 is less than the entry in column 2, write "0" in column 3. |  |   |                 |                      |                                      |                  |       |   |                        | OF<br>OF | TOT                          | AL                     |
|  | ** If the "Highest I                           | Number Previousl<br>Number Previousl<br>Iumber Previously | y Paid For IN I | HIS SPA              | CE IS IESS                           | than 2 ontor "3  | ber 1 | ADDIT. FE                               |                        |          | ADDITATI                     |                        |